

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4551-61-032975
STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED SEP 25 1961

| | | | |
|--|---|--|-----------------------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| Length of stay in 1b 50 YEARS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If not in place of death, give name of place) HOSPITAL OR INSTITUTION J. C. PLATT WARWICK BLVD. McCARTY NURSING HOME | | d. STREET ADDRESS (If outside, give location) 122 EAST 43rd STREET | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last JOHN LORENZO LOCY | | 4. DATE OF DEATH Month Day Year SEPT 10 1961 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 7-26-84 |
| 9. AGE (last birthday) 77 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) MORRIS, ILL. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME DR. WILLIAM A. LOCY | | 13b. MOTHER'S MAIDEN NAME ELLEN E. EASTON | |
| 14. NAME OF HUSBAND OR WIFE LOUISE D. MEYER | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 17. INFORMANT Mrs. Louise Meyer 122 E. 43rd. St. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5 yos. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Portal Cirrhosis | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June 1960 to Sept. 10, 61 and last saw him alive on Sept 10, 61. Death occurred at 12:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Arnold V. Arms M.D. | | 22b. ADDRESS 4635 Wyandotte K. City Mo | |
| 22c. DATE SIGNED 9-11-61. | | 23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | |
| 23b. DATE SEPT. 12, '61 | | 23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS | |
| 23d. LOCATION (City, town, or County) KANSAS CITY | | 23e. STATE MISSOURI | |
| 24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS | | 25. DATE RECD. BY LOCAL REG. 9-12-61 | |
| 26. REGISTRAR'S SIGNATURE Keith Long | | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Arnold V. Arms MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K. Brown

Licensed Embalmer No. 4931

P. O. Address K P MLO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.